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PATENT
Attorney Docket No. MIT-103

16D2

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Kawasaki et al.
SERIAL NO.: 09/422,999 GROUP NO.: 1644 TECH CENTER 1600/2900
FILING DATE: October 22, 1999 EXAMINER: Murphy J.
TITLE: Genes Integrating Signal Transduction Pathways

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Box Missing Parts, Assistant Commissioner for Patents, Washington, DC 20231 on this 13th day of November, 2000.

Wendy Martin
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Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith are Transmittal Form (1 page); Substitute Response to Restriction Requirement (2 pgs.); Copy of Petition and Fee for 5-Month Extension of Time (2 pgs.); and a Return Receipt Postcard.



TRANSMITTAL FORM

	Application Serial Number	09/422,999
	Filing Date	10/22/99
	First Named Inventor	Kawasaki
	Group Art Unit	1644
	Examiner Name	Murphy, J.
	Attorney Docket No.	MIT-103

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <ul style="list-style-type: none"> <input type="checkbox"/> Formal Drawing(s) 	<input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences <ul style="list-style-type: none"> <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Substitute Response to Restriction Requirement <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Status Letter <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Copy of previously filed Petition and fee for 5-Month Extension of Time 	
<input type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Information Disclosure Statement Form PTO-1449		
<input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		

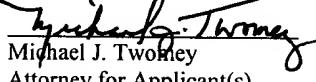
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Respectfully submitted,

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